

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Health Resources and Services Administration**

Office of Rural Health Policy (ORHP)

***Information Services to Rural Hospital Flexibility Grantees Program  
Cooperative Agreement (Technical Assistance Center)***

**Announcement Type:** New and Competing Continuation

**Announcement Number:** HRSA-12-098

**Catalog of Federal Domestic Assistance (CFDA) No. 93.241**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2012

**Application Due Date: March 19, 2012**

*Ensure your Grants.gov registration and passwords are current immediately!  
Deadline extensions are not granted for lack of registration.  
Registration may take up to one month to complete.*

**Release Date: January 27, 2012  
Issuance Date: January 27, 2012**

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**Authority:** §711(b) of the Social Security Act, (42 U.S.C. 912(b)), as amended

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# **I. Funding Opportunity Description**

## **1. Purpose**

This announcement solicits applications for the **Information Services to Rural Hospital Flexibility Program Grantees Cooperative Agreement Program**.

The Medicare Rural Hospital Flexibility (Flex) Program supports improvements in the quality of health care provided in communities served by Critical Access Hospitals (CAHs), supporting efforts to improve the financial and operational performance of the CAHs, and supporting communities in developing collaborative regional and local delivery systems. Very few hospitals remain eligible for conversion to critical access status and therefore State Flex Programs concentrate their efforts on the core program areas. The Flex Program core program areas include: (1) improvement of quality of care in CAHs and other rural care providers, (2) improving the financial and operational performance of CAHs, and (3) encouraging health system development through the engagement of the rural community with CAHs and other care providers, and integrating rural Emergency Medical Services (EMS) into the health care system while assuring the quality of services provided.

The cooperative agreement is to support the rural safety net by providing technical assistance to State level Medicare Rural Hospital Flexibility (Flex) grantees, Small Rural Hospital Improvement Program (SHIP) grantees, and rural hospitals in the Delta Region. State Flex grantees are tasked with supporting quality improvement, financial and operational improvement, and health systems development in rural America. The cooperative agreement awardee, in coordination with ORHP project officers, provides the technical expertise and content knowledge to effectively maintain educational and operational support to the facilities within the 45 Flex States, the 46 SHIP hospital state level grantees, and hospitals in the Delta Region (252 counties). The awardee creates educational materials and trainings, and promotes peer-to-peer learning situations through services it supports.

## **2. Background**

The Rural Policy Analysis cooperative agreement is authorized by Section 711 (b) of the Social Security Act (42 U.S.C. 912 (b)).

The Health Resources and Services Administration's Office of Rural Health Policy (ORHP) is the focal point for rural health activities within the U.S. Department of Health and Human Services. ORHP is statutorily required in Title VII (Section 711) of the Social Security Act to advise the Secretary on the effects of current policies and regulatory changes in the programs established under titles XVIII (Medicare) and XIX (Medicaid) on the financial viability of small rural hospitals, the ability of rural areas to attract and retain physicians and other health professionals and access to (and the quality of) health care in rural areas. The Social Security Act also requires ORHP to coordinate activities within HHS that relate to rural health care and provide relevant information to the Secretary and others in the Department.

The grantees of the Flex program (mostly State Offices of Rural Health) and their stakeholders, rural hospitals and their communities, national organizations, research centers, as well as others

involved in this program have benefitted from access to specialized information on Medicare, CAH operations, rural relevant educational systems, and Flex Program technical assistance for Flex grantees. The technical assistance center established by this cooperative agreement will be an easily accessible and effective resource and will meet its customers' needs with high quality, responsive and integrated services. The technical assistance center should include access to strong groups for key Flex issues.

## **II. Award Information**

### **1. Type of Award**

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

In addition to the usual monitoring and technical assistance provided under the cooperative agreement, **HRSA Program responsibilities shall include:**

- Making available the services of ORHP personnel in the coordination and execution of Technical Assistance.
- Participation in the awardee advisory council.
- Participation in the planning and execution of technical assistance workshop.
- Facilitation of relationships with other federal stakeholders to fulfill the functions of the technical assistance center
- Review of project information prior to dissemination.

**The cooperative agreement recipient's responsibilities shall include:**

- Implement a strategy to improve the development and application of technical assistance to State Flex Programs.
- Implement a strategy to provide technical assistance to small rural hospitals in the Mississippi Delta.
- Provide educational support on timely topics relating to health care and its rural application.
- Provide a continuing education workshop on the Flex Program twice a year for state-level Flex program Coordinators
- Close collaboration with the ORHP-funded Flex Monitoring Team (FMT) and use of FMT reports.

### **2. Summary of Funding**

This program will provide funding during federal fiscal years 2012 - 2016. Approximately \$1,025,000 is expected to be available annually to fund one (1) awardee. Applicants may apply for a ceiling amount of up to \$1,025,000 per year. The project period is five (5) years. Funding beyond the first year is dependent on the availability of appropriated funds for "Information Services to Rural Hospital Flexibility" in subsequent fiscal years, satisfactory awardee performance, and a decision that continued funding is in the best interest of the Federal Government.

### III. Eligibility Information

#### 1. Eligible Applicants

Eligible applicants include domestic public or private, non-profit or for-profit organizations. Eligible organizations may include State, local, and Indian tribal governments; institutions of higher education; other non-profit organizations (including faith-based, community-based, and tribal organizations); and hospitals.

Applicants must have significant experience with providing technical assistance virtually and on-site to a wide range of stakeholders, to include State and hospital staff. Expert knowledge and demonstrable national recognition in the realm of CAH Finance, Performance Improvement, Quality Improvement, Health Systems Development, and Network Development are required. Applicants must have established methodologies for the creation and dissemination of TA related to the aforementioned focus areas.

#### 2. Cost Sharing/Matching

Cost Sharing/Matching is not required for this program.

#### 3. Other

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

### IV. Application and Submission Information

#### 1. Address to Request Application Package

##### **Application Materials and Required Electronic Submission Information**

HRSA ***requires*** applicants for this funding opportunity announcement to apply electronically through Grants.gov. This robust registration and application process protects applicants against fraud and ensures that only authorized representatives from an organization can submit an application. Applicants are responsible for maintaining these registrations, which should be completed well in advance of submitting your application. All applicants ***must*** submit in this manner unless they obtain a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy. Applicants must request an exemption in writing from [DGPWaivers@hrsa.gov](mailto:DGPWaivers@hrsa.gov), and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. Your email must include the HRSA announcement number for which you are seeking relief, the organization's DUNS number, the name, address, and telephone number of the organization and the name and telephone number of the Project Director as well as the Grants.gov Tracking Number (GRANTXXXX) assigned to your submission along with a copy of the "Rejected with Errors" notification you received from Grants.gov. **HRSA and its Digital Services Operation (DSO) will only accept paper applications from applicants that received prior written approval.** However, the application

must still be submitted by the deadline. Suggestion: submit application to Grants.gov at least two days before the deadline to allow for any unforeseen circumstances.

Note: Central Contractor Registration (CCR) information must be updated at least every 12 months to remain active (for both awardees and sub-recipients). As of August 9, 2011, Grants.gov began rejecting submissions from applicants with expired CCR registrations. Although active CCR registration at time of submission is not a new requirement, this systematic enforcement will likely catch some applicants off guard. According to the CCR Website it can take 24 hours or more for updates to take effect, so ***check for active registration well before your grant deadline.***

An applicant can view their CCR Registration Status by visiting <http://www.bpn.gov/CCRSearch/Search.aspx> and searching by their organization's DUNS. The [CCR Website](#) provides user guides, renewal screen shots, FAQs and other resources you may find helpful.

Applicants that fail to allow ample time to complete registration with CCR and/or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

All applicants are responsible for reading the instructions included in HRSA's *Electronic Submission User Guide*, available online at <http://www.hrsa.gov/grants/apply/userguide.pdf>. This Guide includes detailed application and submission instructions for both Grants.gov and HRSA's Electronic Handbooks. Pay particular attention to Sections 2 and 5 that provide detailed information on the competitive application and submission process.

Applicants are also responsible for reading the Grants.gov Applicant User Guide, available online at <http://www.grants.gov/assets/ApplicantUserGuide.pdf>. This Guide includes detailed information about using the Grants.gov system and contains helpful hints for successful submission.

Applicants must submit proposals according to the instructions in the Guide and in this funding opportunity announcement in conjunction with Application Form SF-424. The forms contain additional general information and instructions for applications, proposal narratives, and budgets. The forms and instructions may be obtained by:

- 1) Downloading from <http://www.grants.gov>, or
- 2) Contacting the HRSA Digital Services Operation (DSO) at:  
[HRSADSO@hrsa.gov](mailto:HRSADSO@hrsa.gov)

Each funding opportunity contains a unique set of forms and only the specific forms package posted with an opportunity will be accepted for that opportunity. Specific instructions for preparing portions of the application that must accompany Application Form SF-424 appear in the "Application Format Requirements" section below.

## **2. Content and Form of Application Submission**

### **Application Format Requirements**

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The total file size may not exceed 10 MB. The 80-page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support. Standard forms are NOT included in the page limit. **We strongly urge you to print your application to ensure it does not exceed the 80-page limit. Do not reduce the size of the fonts or margins to save space. See the formatting instructions in Section 5 of the Electronic Submission User Guide referenced above.**





**Applications must be complete, within the 80-page limit, within the 10 MB limit, and submitted prior to the deadline to be considered under this announcement.**

Ensure that the entire application, e.g., any maps, charts, etc., are easily reproducible and clear when photocopied in **black and white**. Reviewers will receive photocopies of applications and will not be able to discern colors. Please follow all instructions carefully. In the past, reviewers have deducted points from applications that did not follow instructions or the application template.

### **Application Format**

Applications for funding must consist of the following documents in the following order:






## SF-424 Non-Construction – Table of Contents

-  It is mandatory to follow the instructions provided in this section to ensure that your application can be printed efficiently and consistently for review.
-  Failure to follow the instructions may make your application non-responsive. Non-responsive applications will not be considered under this funding opportunity announcement.
-  For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment. Do not attempt to number standard OMB approved form pages.
-  For electronic submissions, no Table of Contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Application for Federal Assistance (SF-424)	Form	Pages 1, 2 & 3 of the SF-424 face page.	Not counted in the page limit
Project Summary/Abstract	Attachment	Can be uploaded on page 2 of SF-424 - Box 15	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions.
Additional Congressional District	Attachment	Can be uploaded on page 3 of SF-424 - Box 16	As applicable to HRSA; not counted in the page limit.
Project Narrative Attachment Form	Form	Supports the upload of Project Narrative document	Not counted in the page limit.
Project Narrative	Attachment	Can be uploaded in Project Narrative Attachment form.	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424A Budget Information - Non-Construction Programs	Form	Pages 1–2 to support structured budget for the request of Non-construction related funds.	Not counted in the page limit.
Budget Narrative Attachment Form	Form	Supports the upload of Project Narrative document.	Not counted in the page limit.
Budget Narrative	Attachment	Can be uploaded in Budget Narrative Attachment form.	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions.
SF-424B Assurances - Non-Construction Programs	Form	Supports assurances for non-construction programs.	Not counted in the page limit.
Project/Performance Site Location(s)	Form	Supports primary and 29 additional sites in structured form.	Not counted in the page limit.
Additional Performance Site Location(s)	Attachment	Can be uploaded in the SF-424 Performance Site Location(s) form. Single document with	Not counted in the page limit.



Application Section	Form Type	Instruction	HRSA/Program Guidelines
		all additional site location(s)	
Disclosure of Lobbying Activities (SF-LLL)	Form	Supports structured data for lobbying activities.	Not counted in the page limit.
Other Attachments Form	Form	Supports up to 15 numbered attachments. This form only contains the attachment list.	Not counted in the page limit.
Attachment 1-15	Attachment	Can be uploaded in Other Attachments form 1-15.	Refer to the attachment table provided below for <b>specific</b> sequence. Counted in the page limit.

-  To ensure that attachments are organized and printed in a consistent manner, follow the order provided below. Note that these instructions may vary across programs.
-  Evidence of Non-Profit status and invention related documents, if applicable, must be provided in the other attachment form.
-  Additional supporting documents, if applicable, can be provided using the available rows. Do not use the rows assigned to a specific purpose in the program funding opportunity announcement.
-  Merge similar documents into a single document. Where several documents are expected in the attachment, ensure that you place a table of contents cover page specific to the attachment. The Table of Contents page will not be counted in the page limit.
-  Limit the file attachment name to under 50 characters. Do not use any special characters (e.g., %, /, #) or spacing in the file name or word separation. (The exception is the underscore ( \_ ) character.) Your attachment will be rejected by Grants.gov if you use special characters or attachment names greater than 50 characters.

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	Work Plan
Attachment 2	Staffing Plan and Position Descriptions
Attachment 3	Organizational Chart
Attachment 4	Biographical Sketches/Resumes
Attachment 5	Year 5 Budget
Attachment 6	Summary Progress Report (FOR COMPETING CONTINUATIONS ONLY)
Attachment 7	Other Relevant Documents

## Application Format

### i. *Application Face Page*

Complete Application Form SF-424 provided with the application package. Prepare according to instructions provided in the form itself. Important note: enter the name of the **Project Director** in 8f. “Name and contact information of person to be contacted on matters involving this application.” If, for any reason, the Project Director will be out of the office, please ensure their email Out of Office Assistant is set so HRSA will be aware if any issues arise with the application and a timely response is required. For information pertaining to the Catalog of Federal Domestic Assistance, the CFDA Number is 93.241.

### **DUNS Number**

All applicant organizations (and subcontractors of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at <http://fedgov.dnb.com/webform> or call 1-866-705-5711. Please include the DUNS number in item 8c on the application face page. Applications **will not** be reviewed without a DUNS number. Note: A missing or incorrect DUNS number is the number one reason for applications being “Rejected for Errors” by Grants.gov. HRSA will not extend the deadline for applications with a missing or incorrect DUNS number. Applicants should take care in entering the DUNS number in the application.

Additionally, the applicant organization (and any subrecipient of HRSA award funds) is required to register annually with the Central Contractor Registration (CCR) in order to do electronic business with the Federal Government. CCR registration must be maintained with current, accurate information at all times during which an entity has an active award or an application or plan under consideration by HRSA. It is extremely important to verify that your CCR registration is active and your Marketing Partner ID Number (MPIN) is current. Information about registering with the CCR can be found at <http://www.ccr.gov>.

### ii. *Table of Contents*

The application should be presented in the order of the Table of Contents provided earlier. Again, for electronic applications no table of contents is necessary as it will be generated by the system. (Note: the Table of Contents will not be counted in the page limit.)

### iii. *Budget*

Complete Application Form SF-424A Budget Information – Non-Construction Programs provided with the application package.

Please complete Sections A, B, E, and F for each year of the project period, and then provide a line item budget for each year of the project period. In Section A use rows 1 - 4 to provide the budget amounts for the first four years of the project. Please enter the amounts in the “New or Revised Budget” column- not the “Estimated Unobligated Funds” column. In Section B Object Class Categories of the SF-424A, provide the object class category breakdown for the annual amounts specified in Section A. In Section B, use column (1) to provide category amounts for Year 1 and use columns (2) through (4) for subsequent budget

years (up to four years). For year 5, please submit a copy of Sections A and B of the SF-424A as Attachment 5.

### **Salary Limitation:**

The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is \$179,700. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement.

As an example of the application of this limitation: If an individual's base salary is \$350,000 per year plus fringe benefits of 25% (\$87,500) and that individual is devoting 50% of their time to this award, their base salary should be adjusted to \$179,700 plus fringe of 25% (\$44,925) and a total of \$112,312.50 may be included in the project budget and charged to the award in salary/fringe benefits for that individual. See the breakdown below:

Individual's <i>actual</i> base full time salary: \$350,000 50% of time will be devoted to project	
Direct salary	\$175,000
Fringe (25% of salary)	\$43,750
Total	\$218,750
<b>Amount that may be claimed on the application budget due to the legislative salary limitation:</b> Individual's base full time salary <i>adjusted</i> to Executive Level II: \$179,700 50% of time will be devoted to the project	
Direct salary	<b>\$89,850</b>
Fringe (25% of salary)	<b>\$22,462.50</b>
Total amount	<b>\$112,312.50</b>

### **iv. Budget Justification**

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. However, the applicant **must** submit one-year budgets for each of the subsequent budget periods within the requested project period at the time of application. Line item information must be provided to explain the costs entered in the SF-424A. Be very careful about showing how each item in the "other" category is justified. For subsequent budget years, the justification narrative should **highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period.** The budget justification **MUST** be concise. **Do NOT** use the justification to expand the project narrative.

### **Budget for Multi-Year Award -Required, if applicable**

This announcement is inviting applications for project periods up to five (5) years. Awards, on a competitive basis, will be for a one-year budget period; although the project period will be five (5) years. Submission and HRSA approval of your Progress Report and any other required

submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the five-year project period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government.

Include the following in the Budget Justification narrative:

*Personnel Costs:* Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percentage of full-time equivalency, and annual salary. Reminder: Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II or \$179,700. An individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements. Please provide an individual's actual base salary if it exceeds the cap. See the sample below.

Sample:

Name	Position Title	% of FTE	Annual Salary	Amount Requested
J. Smith	Chief Executive Officer	50	\$179,700*	\$89,850
R. Doe	Nurse Practitioner	100	\$75,950	\$75,950
D. Jones	Data/AP Specialist	25	\$33,000	\$8,250

\*Actual annual salary = \$350,000

*Fringe Benefits:* List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plans, and tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project. (If an individual's base salary exceeds the legislative salary cap, please adjust fringe accordingly.)

*Travel:* List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops.

*Equipment:* List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment (a unit cost of \$5,000 or more and a useful life of one or more years).

*Supplies:* List the items that the project will use. In this category, separate office supplies from medical and educational purchases. Office supplies could include paper, pencils, and the like; medical supplies are syringes, blood tubes, plastic gloves, etc., and educational supplies may be pamphlets and educational videotapes. Remember, they must be listed separately.

*Contractual:* Applicants are responsible for ensuring that their organization or institution has in place an established and adequate procurement system with fully developed

written procedures for awarding and monitoring all contracts. Applicants must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Reminder: recipients must notify potential subrecipients that entities receiving subawards must be registered in CCR and provide the recipient with their DUNS number.

*Other:* Put all costs that do not fit into any other category into this category and provide an explanation of each cost in this category. In some cases, rent, utilities and insurance fall under this category if they are not included in an approved indirect cost rate.

Applicants may include the cost of access accommodations as part of their project's budget, including sign interpreters, plain language and health literate print materials in alternate formats (including Braille, large print, etc.); and cultural/linguistic competence modifications such as use of cultural brokers, translation or interpretation services at meetings, clinical encounters, and conferences, etc.

*Indirect Costs:* Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to OMB Circular A-21, the term "facilities and administration" is used to denote indirect costs. Applicants are requested to submit a copy of their most recent indirect cost rate agreement as Attachment 7. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS's Division of Cost Allocation (DCA). Visit DCA's website at: <http://rates.psc.gov/> to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them.

**v. *Staffing Plan and Personnel Requirements***

Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in Attachment 2. Biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included in Attachment 4. When applicable, biographical sketches should include training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs.

**vi. *Assurances***

Complete Application Form SF-424B Assurances – Non-Construction Programs provided with the application package.

**vii. *Certifications***

Use the Certifications and Disclosure of Lobbying Activities Application Form provided with the application package.

**viii. *Project Abstract***

Provide a summary of the application. Because the abstract is often distributed to provide information to the public and Congress, please prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief

description of the proposed project including the needs to be addressed, the proposed services, and the population group(s) to be served.

Please place the following at the top of the abstract:

- Project Title
- Applicant Organization Name
- Address
- Project Director Name
- Contact Phone Numbers (Voice, Fax)
- E-Mail Address
- Web Site Address, if applicable

The project abstract must be single-spaced and limited to one page in length.

#### **ix. *Project Narrative***

This section provides a comprehensive framework and description of all aspects of the proposed program. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Use the following section headers for the Narrative:

- ***INTRODUCTION***

The applicant should provide a brief overview of how the purpose of the cooperative agreement has been integrated into their proposed implementation strategy, outlining the strategic vision of the technical assistance provider, while identifying key anticipated milestones to measure success.

- ***NEEDS ASSESSMENT***

This section should provide an explanation of the unmet needs of State Flex programs and the rural stakeholders they represent. Needs assessment data specific to these entities should be used and cited whenever possible to support the information provided; use indicators such as financial and quality improvement metrics or community engagement/health system development. This section should outline the need for technical assistance revolving around the core areas of the Flex Program: 1) Quality Improvement, 2) Financial and Operations Improvement, and 3) Health System Development. The needs assessment should help reviewers understand the needs to be fulfilled by the proposed project and provide the context and rationale for the proposed work plan and budget.

- ***METHODOLOGY***

Propose methods to be used to meet program requirements and expectations to best provide support to Flex program grantees. A work plan is to be developed outlining the development of resources to support technical assistance, training, and educational opportunities for the targeted stakeholders. The support should be provided through a combination of human and virtual resources necessary to address rural health care issues. The Work Plan should address the following:

- 1) Technical Assistance (State Level)

- As part of TA, the methodology should identify ways to provide regular communication with Rural Hospital Flexibility Program grantees; methods for

identifying Flex programs that might need additional support, and how to meet those needs. The strategy should also incorporate mechanisms for peer-to-peer support. The TA should also work on building the State and Regional capacity of the Delta Region on an ongoing basis to provide continued access to care.

2)Flex Program Workshop

To assist in optimal performance of State Flex program offices, the awardee should provide a continuing education workshop(s) on the Flex Program for state-level Flex Program Coordinators. The workshop is intended to provide the first full interaction with the technical assistance provider for the Flex grantee. These workshops should be adaptive and evolve based on changes to the Flex Program in coordination with the state Flex Program Coordinators.

3)Best Practice Determination

In applying the TA, the awardee reviews and identifies best practices within the Flex Program, as well as coordinating with other ORHP partners (i.e., Flex Monitoring Team and Delta Rural Hospital Improvement Program).

4)Best Practice Dissemination

In executing the TA, the awardee will need to create and maintain technical assistance tools and information applicable to State Flex Programs and small rural Delta hospitals. The information should be distributed on a regular basis to inform Flex grantees and TA recipients of current activities and educational opportunities. The dissemination can be provided through multiple venues and a multi-platform approach for peer-to-peer sharing is encouraged.

5)Educational Outreach

The provision of educational opportunities directly impacting State-level Flex programs, their constituents, and Delta Regional Authority hospitals is encouraged. The synthesis of manuals to address programmatic operations and to provide support for State Flex Offices is encouraged.

6)Advisory Council and Core Area Specialty Groups

To provide support for strategic planning and operations of the technical assistance center, the awardee is required to create an advisory council made up of federal, state, and rural stakeholders.

7)National Flex Program Technical Assistance Workshop

In an effort to ensure State-level Flex programs, stay up-to-date on current issues affecting their offices and the stakeholders they serve, the awardee will work with ORHP in identifying and arranging a technical assistance workshop on timely topics relating to the Flex program.

8)Reporting

In order to ensure the TA awardee fulfills its self-identified work plan activities, monthly briefings and Quarterly/Annual reports of Technical Assistance activities should be conveyed to the Flex Program Coordinator.

9) Activities related to Special Issues

To meet the evolving needs of rural health care, the awardee will work with ORHP in a coordinated response to timely Flex Program issues.

10) Collaboration

Actively collaborates with rural health organizations to meet the technical assistance needs of the Flex grantees.

■ **WORK PLAN**

Describe the activities or steps that will be used to achieve each of the activities proposed during the entire project period in the Methodology section. Use a time line that includes each activity and identifies responsible staff. This section provides a format for applicants to demonstrate the clarity, feasibility, and scope of the proposed goals and their measurable objectives. The goals and objectives should reflect clear evaluative measures to show the progression of implementation through final outcomes. The work plan's goals and objectives should be aligned with, and appropriate for, the need, proposed budget, and the applicant's organizational capacity. There are two components to this section: a) Work Plan Matrix, which depicts the relationship between program goals, objectives, responsible person(s), timelines, and measures of success; and b) Work Plan Narrative, which expands on the work plan matrix to provide details of program implementation. Both sections should be succinctly organized by goals and objectives.

*1) Work Plan Matrix*

Submit a work plan covering a 5 year project period explaining activities to begin September 1, 2012 and going no longer than August 31, 2017. The work plan must provide a justification for the funds being requested and should clearly demonstrate activities intended to be completed in the Project Period. The work plan should clearly define the roles and responsibilities of the technical assistance provider, and provide who, how, and when the proposed activities will be initiated and completed.

*2) Work Plan Narrative*

This narrative should expand upon the work plan matrix. In the work plan narrative, provide the following information:

- a. Describe how the project will be implemented;
- b. Provide evidence of how the work plan addresses the needs identified in the Needs Assessments section above.
- c. Describe how each activity will strengthen and support rural communities.

■ **RESOLUTION OF CHALLENGES**

Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan and approaches that will be used to resolve such challenges.

■ **EVALUATION AND TECHNICAL SUPPORT CAPACITY**

This section should describe an appropriate plan for evaluation of the activities carried out under the cooperative agreement that ensures monitoring and measurement of progress towards the corresponding goals and objectives and uses the evaluation of findings to improve program performance. Identify performance indicators (e.g., qualitative/quantitative indicators) or benchmarks to be achieved/accomplished through the



proposed project. The awardee should have short, intermediate, and long-term outcomes defined. Awardee must demonstrate the ability to assess and document to what extent the objectives and outcomes have been met and what extent these accomplishments can be attributed to the project.

▪ **ORGANIZATIONAL INFORMATION**

Provide information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. Provide information on the program's resources and capabilities to support provision of culturally and linguistically competent and health literate services. Describe how the unique needs of target populations of the communities served are routinely assessed and improved.

**x. Attachments**

Please provide the following items to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit. **Each attachment must be clearly labeled.**

*Attachment 1: Work Plan*

Provide a matrix that carefully integrates goals, objectives, activities, outputs, and how the outputs will be measured. The matrix should outline the individual(s) responsible for carrying out each activity and includes a project timeline.

*Attachment 2: Staffing Plan and Position Descriptions*

Provide a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Position descriptions should include the project-specific roles, responsibilities, and qualifications of proposed project staff. These descriptions should be limited to one page in length.

*Attachment 3: Organizational Chart*

Provide a one-page figure that depicts the organizational structure of the program, including partners, subcontractors, and other significant collaborators.

*Attachment 4: Biographical Sketches/Résumés-* Biographical sketches must be submitted for key personnel, including contractors. Do not exceed four pages. The biographical sketches are counted in the page limit.

*Attachment 5: Year 5 Budget*

After using columns (1) through (4) of the SF-424A Section B for a five-year project period, the applicant will need to submit the budgets for year 5 as an attachment. They should complete Section B of the SF-424A, and then scan and upload it as this attachment.

*Attachment 6: Summary Progress Report*

**ACCOMPLISHMENT SUMMARY (FOR COMPETING CONTINUATIONS ONLY)**

A well planned accomplishment summary can be of great value by providing a record of accomplishments. It is an important source of material for HRSA in preparing annual reports, planning programs, and communicating program specific accomplishments. The accomplishments of competing continuation applicants are carefully considered during the review process; therefore, applicants are advised to include previously stated goals and objectives in their application and emphasize the progress made in attaining these goals and objectives. Because the Accomplishment Summary is considered when applications are reviewed and scored, **competing continuation applicants who do not include an Accomplishment Summary may not receive as high a score as applicants who do.** The Accomplishment Summary will be evaluated as part of Review Criterion 4: IMPACT.

The accomplishment summary should be a brief presentation of the accomplishments, in relation to the objectives of the program during the current project period. The report should include:

- (1) The period covered (dates)
- (2) Specific Objectives - Briefly summarize the specific objectives of the project as actually funded. Because of peer review recommendations and/or budgetary modifications made by the awarding unit, these objectives may differ in scope from those stated in the competing application.
- (3) Results- Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

#### *Attachment 7: Other Relevant Documents*

Include here any other documents that are relevant to the application, including your indirect cost rate agreement, letters of support. Letters of support must be dated. Include only letters of support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) Letters of agreement and support must be dated. List all other support letters on one page.

### **3. Submission Dates and Times**

#### **Application Due Date**

The due date for applications under this funding opportunity announcement is *March 19, 2012 at 8:00 P.M. ET*. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by your organization's Authorized Organization Representative (AOR) through Grants.gov and has been validated by Grants.gov on or before the deadline date and time.

**Receipt acknowledgement:** Upon receipt of an application, Grants.gov will send a series of email messages advising you of the progress of your application through the system. The first will confirm receipt in the system; the second will indicate whether the application has been successfully validated or has been rejected due to errors; the third will be sent when the application has been successfully downloaded at HRSA; and the fourth will notify the applicant of the Agency Tracking Number assigned to the application.

The Chief Grants Management Officer (CGMO) or designee may authorize an extension of published deadlines when justified by circumstances such as natural disasters (e.g., floods or hurricanes) or other disruptions of services, such as a prolonged blackout. The CGMO or designee will determine the affected geographical area(s).

**Late applications:**

Applications which do not meet the criteria above are considered late applications and will not be considered in the current competition.

**4. Intergovernmental Review**

Information Services to Rural Hospital Flexibility is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

**5. Funding Restrictions**

Applicants responding to this announcement may request funding for a project period of up to five (5) years at \$1,025,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

**Salary Limitation:** The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is \$179,700. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement.

Per Division F, Title II, Section 503 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011 (a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or

participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

Per Division F, Title II, Section 523 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

## **6. Other Submission Requirements**

As stated in Section IV.1, except in very rare cases HRSA will no longer accept applications in paper form. Applicants submitting for this funding opportunity are **required** to submit **electronically** through Grants.gov. To submit an application electronically, please use the APPLY FOR GRANTS section at <http://www.grants.gov>. When using Grants.gov you will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

It is essential that your organization **immediately register** in Grants.gov and become familiar with the Grants.gov site application process. If you do not complete the registration process, you will be unable to submit an application. The registration process can take up to one month.

To be able to successfully register in Grants.gov, it is necessary that you complete all of the following required actions:

- Obtain an organizational Data Universal Numbering System (DUNS) number
- Register the organization with Central Contractor Registration (CCR)
- Identify the organization's E-Business Point of Contact (E-Biz POC)
- Confirm the organization's CCR "Marketing Partner ID Number (M-PIN)" password
- Register and approve an Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider

Instructions on how to register, tutorials and FAQs are available on the Grants.gov web site at <http://www.grants.gov>. Assistance is also available 24 hours a day, 7 days a week (excluding federal holidays) from the Grants.gov help desk at [support@grants.gov](mailto:support@grants.gov) or by phone at 1-800-518-4726. Applicants should ensure that all passwords and registration are current well in advance of the deadline.

**It is incumbent on applicants to ensure that the AOR is available to submit the application to HRSA by the published due date. HRSA will not accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadline.** Therefore, you are urged to submit your application in advance of the deadline. If your application is rejected by Grants.gov due to errors, you must correct the application and resubmit it to Grants.gov before the deadline date and time. Deadline extensions will not be provided to applicants who do not correct errors and resubmit before the posted deadline.

**If, for any reason, an application is submitted more than once prior to the application due date, HRSA will only accept the applicant's last validated electronic submission prior to the application due date as the final and only acceptable submission of any competing application submitted to Grants.gov.**

**Tracking your application:** It is incumbent on the applicant to track their application by using the Grants.gov tracking number (GRANTXXXXXXXXXX) provided in the confirmation email from Grants.gov. More information about tracking your application can be found at <https://apply07.grants.gov/apply/checkApplStatus.faces>. Be sure your application is validated by Grants.gov prior to the application deadline.

## **V. Application Review Information**

### **1. Review Criteria**

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

Review Criteria are used to review and rank applications. The Information Services to Rural Hospital Flexibility Program has six (6) review criteria:

#### *Criterion 1: NEED (10 points)*

The extent to which the applicant:

- A. Demonstrates a comprehensive understanding of the technical assistance needs of the State Flex programs.
- B. Uses local, state and national data to support the technical assistance needs.
- C. Exhibits a strong understanding of the issues facing rural communities and health care providers and how the Flex program core areas fit in.

#### *Criterion 2: RESPONSE (25 points)*

The extent to which the applicant:

- A. Proposes a work plan that is aligned with the intent and goals of the Information Services for Rural Hospital Flexibility Program.
- B. Demonstrates a clear understanding of the intent and requirements of the services being sought, including a thorough understanding of key players and issues in the rural health care and technical assistance environment.
- C. Provides a matrix that carefully integrates goals, objectives, activities, outputs, how the outputs will be measured, and a description of the goals and activities will be accomplished. The qualifications of the individual(s) responsible for carrying out each activity and the feasibility of the project timeline.
- D. Describes a reasonable approach for implementing its proposed work plan, i.e., for the development, management, and operations of the information center.

- E. Describes realistic and achievable projected activities for initial budget period and provides a description of anticipated activities for the remainder of the five-year project period.
- F. Demonstrates capability in the planning of the technical assistance workshops, training activities, materials development or workgroups conducted during the period of the cooperative agreement.
- G. Describes a sound approach for ensuring flexibility and responsiveness to the needs of its customers to be served by the project and discusses any anticipated problems/challenges and approaches to addressing them.

*Criterion 3: EVALUATIVE MEASURES (15 points)*

The extent to which the applicant:

- A. Proposes a feasible and effective method to monitor and evaluate project activities.
- B. Provides a clear plan for monitoring and assessing its performance, including using evaluation findings to improve results.

*Criterion 4: IMPACT (10 points)*

The extent to which the applicant:

- A. Demonstrates that the proposed project will have a measurable impact on State Flex Programs and other stakeholders.
- B. Presents a plan for disseminating all program materials developed for technical assistance, training, etc., that could be used by state or regional level rural health entities and state and federal policymakers.
- C. For competing continuation applications, strength of prior performance as evidenced by the Accomplishments Summary included as Attachment 6.

*Criterion 5: RESOURCES/CAPABILITIES (30 points)*

The extent to which the applicant:

- A. Proposes project personnel that are qualified by training and/or experience to implement and carry out the projects as evidenced by biographical sketches/curricula vitae that document the education, experience, and skills relevant and necessary for successfully carrying out the proposed project.
- B. Demonstrates the capabilities of the applicant organization, and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.
- C. Illustrates its knowledge of rural health and the Flex Program. Demonstrates its expertise and ability to effectively execute the provision of technical assistance to rural grantees.
- D. Demonstrates a history of collaboration with recognized rural health organizations.
- E. Demonstrates available non-staff resources required to support successful implementation of the project.

*Criterion 6: SUPPORT REQUESTED (10 points)*

The extent to which the applicant:

- A. Provides a five-year budget that supports the objectives and activities of the proposed project.

- B. Includes costs that are reasonable given the scope of work.
- C. Provides logical and adequate detail in justification of expenses for each line item request.

## **2. Review and Selection Process**

The Division of Independent Review is responsible for managing objective reviews within HRSA. Applications competing for federal funds receive an objective and independent review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members, other factors in addition to training and experience may be considered to improve the balance of the committee, e.g., geographic distribution. Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted above. The committee provides expert advice on the merits of each application to program officials responsible for final selections for award.

Applications that pass the initial HRSA eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in relevant sections of this funding opportunity announcement. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

## **3. Anticipated Announcement and Award Dates**

It is anticipated that awards will be announced prior to the start date of September 1, 2012.

# **VI. Award Administration Information**

## **1. Award Notices**

Each applicant will receive written notification of the outcome of the objective review process, including a summary of the expert committee's assessment of the application's strengths and weaknesses, and whether the application was selected for funding. Applicants who are selected for funding may be required to respond in a satisfactory manner to Conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance.

The Notice of Award sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, the non-federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant's Authorized Organization Representative, and reflects the only authorizing document. It will be sent prior to the start date of September 1, 2012.

## **2. Administrative and National Policy Requirements**

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part

74 [Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations](#) or 45 CFR Part 92 [Uniform Administrative Requirements For Grants And Cooperative Agreements to State, Local, and Tribal Governments](#), as appropriate.

HRSA grant and cooperative agreement awards are subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable based on recipient type and purpose of award. This includes, as applicable, any requirements in Parts I and II of the HHS GPS that apply to the award. The HHS GPS is available at <http://www.hrsa.gov/grants/>. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the Notice of Award).

### **Trafficking in Persons**

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.html>. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity to obtain a copy of the Term.

### **Smoke-Free Workplace**

The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

### **Cultural and Linguistic Competence**

HRSA programs serve culturally and linguistically diverse communities and multiple cultures. Although race and ethnicity are often thought to be dominant elements of culture, HRSA funded programs embrace a broader definition to include language, gender, socio-economic status, sexual orientation and gender identity, physical and mental capacity, age, religion, housing status, and regional differences. Organizational behaviors, practices, attitudes, and policies across all HRSA-supported entities respect and respond to the cultural diversity of communities, clients and students served. HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available online at <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>. Additional cultural competency and health literacy tools, resources and definitions are available online at <http://www.hrsa.gov/culturalcompetence> and <http://www.hrsa.gov/healthliteracy>.

### **Healthy People 2020**

Healthy People 2020 is a national initiative led by HHS that sets priorities for all HRSA programs. The initiative has four overarching goals: (1) attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; (2) achieve health equity, eliminate



disparities, and improve the health of all groups; (3) create social and physical environments that promote good health for all; and (4) promote quality of life, healthy development, and healthy behaviors across all life stages. The program consists of over 40 topic areas, containing measurable objectives. HRSA has actively participated in the work groups of all the topic areas and is committed to the achievement of the Healthy People 2020 goals. More information about Healthy People 2020 may be found online at <http://www.healthypeople.gov/>.

### **National HIV/AIDS Strategy (NHAS)**

The National HIV/AIDS Strategy (NHAS) has three primary goals: 1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health outcomes for people living with HIV, and 3) reducing HIV-related health disparities. The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically deployed. Further, the NHAS recognizes the importance of early entrance into care for people living with HIV to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention, care and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to identify people who are HIV-positive but do not know their serostatus and reduce stigma and discrimination against people living with HIV.

To the extent possible, program activities should strive to support the three primary goals of the NHAS. As encouraged by the NHAS, programs should seek opportunities to increase collaboration, efficiency, and innovation in the development of program activities to ensure success of the NHAS. Programs providing direct services should comply with federally-approved guidelines for HIV Prevention and Treatment (see <http://www.aidsinfo.nih.gov/Guidelines/Default.aspx> as a reliable source for current guidelines). More information can also be found at <http://www.whitehouse.gov/administration/eop/onap/nhas>.

### **Health IT**

Health information technology (Health IT) provides the basis for improving the overall quality, safety and efficiency of the health delivery system. HRSA endorses the widespread and consistent use of health IT, which is the most promising tool for making health care services more accessible, efficient and cost effective for all Americans.

### **Related Health IT Resources:**

- [Health Information Technology \(HHS\)](#)
- [What is Health Care Quality and Who Decides? \(AHRQ\)](#)

## **3. Reporting**

The successful applicant under this funding opportunity announcement must comply with the following reporting and review activities:

### **a. Audit Requirements**

Comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at [http://www.whitehouse.gov/omb/circulars\\_default](http://www.whitehouse.gov/omb/circulars_default).

**b. Payment Management Requirements**

Submit a quarterly electronic Federal Financial Report (FFR) Cash Transaction Report via the Payment Management System. The report identifies cash expenditures against the authorized funds for the grant or cooperative agreement. The FFR Cash Transaction Reports must be filed within 30 days of the end of each calendar quarter. Failure to submit the report may result in the inability to access award funds. Go to <http://www.dpm.psc.gov> for additional information.

**c. Status Reports**

1) **Federal Financial Report.** The Federal Financial Report (SF-425) is required no later than January 30<sup>th</sup> for each budget period. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.

2) **Progress Report(s).** The awardee must submit a progress report through the electronic handbook (EHB) on an annual basis. For multi-year awards: Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds. This report has two parts. The first part demonstrates awardee progress on program-specific goals. The second part collects core performance measurement data including performance measurement data to measure the progress and impact of the project.

3) **Quarterly Progress Reports.** The awardee must submit a quarterly progress report through EHB. The quarterly report will be used for two purposes: 1) demonstrates grantee progress on program-specific goals within the quarter, and 2) as a method to ensure response to timely Flex program issues.

4) **Final Report.** A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the grantee achieved the mission, goal and strategies outlined in the program; grantee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the grantee's overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>.

**d. Transparency Act Reporting Requirements**

New awards ("Type 1") issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier subaward of \$25,000 or more in federal funds and executive total compensation for the recipient's and subrecipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (FFATA details are available online at <http://www.hrsa.gov/grants/ffata.html>). Competing continuation awardees, etc. may be subject to this requirement and will be so notified in the Notice of Award.

## **VII. Agency Contacts**

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Tya Renwick, Grants Management Specialist  
HRSA Division of Grants Management Operations, OFAM  
Parklawn Building, Room 11A-33  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 594-0227  
Fax: (301) 443-6343  
Email: [trenwick@hrsa.gov](mailto:trenwick@hrsa.gov)

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Michael McNeely, Project Officer  
Office of Rural Health Policy  
Attn: Funding Program  
Parklawn Building, Room 5a-05  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-5812  
Fax: (301) 443-2803  
Email: [mmcneely@hrsa.gov](mailto:mmcneely@hrsa.gov)

Applicants may need assistance when working online to submit their application forms electronically. Applicants should always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding federal holidays at:

Grants.gov Contact Center  
Telephone: 1-800-518-4726  
E-mail: [support@grants.gov](mailto:support@grants.gov)  
iPortal: <http://grants.gov/iportal>

## **VIII. Tips for Writing a Strong Application**

A concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at:

<http://www.hhs.gov/asrt/og/grantinformation/apptips.html>.